

MIAMI BEACH REQUIRES A FULLY COMPLETED INDEMNITY AGREEMENT BEFORE ANY PERMITS MAY BE ISSUED.

For any production, the Indemnity Agreement shall be executed by the same company providing insurance in relation to each project.

The indemnity can only be completed when it has received a corporate seal (imprint on original) or has been notarized.

The indemnity is valid 1 year from the date that appears on the first page of the document

CHOOSE THE RIGHT SIGNATURE PAGE: You will notice that there are three separate end/signature pages - depending on the type of company (sole proprietor, partnership or corporation) choose the correct one to complete.

Any Questions? Contact Us!

Phone: 305/673-7070 -- email: ace@ci.miami-beach.fl.us

**2002 INDEMNITY AGREEMENT
CITY OF MIAMI BEACH – FILM & PRINT DIVISION**

1. IN CONSIDERATION OF, the City of Miami Beach allowing and permitting

(name of business entity/individual)

(an) _____

(entity's state of business and status – ie: corporation, partnership, sole proprietorship)

("Indemnitor"), having its principal place of business at

(street address)

(city, state, zip code)

to conduct lawful activities relative to the commercial print photography and/or film industry for the calendar year 2001, Indemnitor agrees to indemnify and save harmless the City of Miami Beach ("City"), its officials and employees and for and on account of the City to make defense against, any and all claims, actions, demands, suits, liabilities, damages and payments, in tort or in contract, including, without limitation, accidents, liability or loss for injuries to or deaths of persons or damages to property caused by any act or failure to act of the Indemnitor in any way relating to its preparation, operations or other activities within the City of Miami Beach relating to all photo shoots and/or filming, regardless of whether the same are on or off premises owned by the City of Miami beach and shall extend to all locations within the City of Miami Beach.

2. Indemnitor shall, on or before _____, 2002, as a condition precedent to being allowed to conduct their activities, deliver to the Office of Film & Print located at City hall, 1700 Convention center Drive, Miami Beach, Florida 33139, certificates of comprehensive general liability insurance with a minimum coverage of one million (\$1,000,000.00) dollars per occurrence per person and accident. Coverage shall include contractual liability.

This liability insurance coverage shall name the City of Miami Beach as an additional insured thereon and shall be issued by an insurance company duly authorized to do business in the State of Florida and rated B+ VI or better per A.M. Best's Key rating Guide, latest edition. Indemnitor warrants and represents that it has notified its insurance agent of the contents of this agreement, and has supplied the agent with a copy.

IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this _____
day of _____, 20_____

INDEMNITOR: _____
(print name of individual/sole proprietorship)

WITNESS: _____ BY: _____
(Signature of individual/principal)

(Signature of Witness) (Print name of person signing)

GENERAL ACKNOWLEDGEMENT – INDIVIDUAL / SOLE PROPRIETOR

State Of _____ On this the _____ day of _____, 2002,

Before me, the undersigned Notary Public of the State of

County of _____, personally appeared

_____, and whose name is
(print name of individual who appeared before Notary Public)

is subscribed to the within instrument, and he/she acknowledge that
he/she executed it. WITNESS my hand and official seal.

NOTARY SEAL
(affix here)

(signature of Notary Public)

NOTARY PUBLIC, STATE OF _____

(name of Notary Public: print, stamp, or type as commissioned)

_____ Personally know to me , or _____ Produced Identification:

(Type of Identification produced)

_____ DID take an oath, or _____ DID NOT take an oath.

Form Approved
Legal Department
By: _____

(Use this signature page if the Indemnitor is an Individual or Sole Proprietor)

IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this _____
day of _____, 20____

INDEMNITOR: _____
(print name of partnership)

WITNESS:

BY:

(Signature of partner)

(Signature of Witness)

(Print name of partner signing))

PARTNERSHIP ACKNOWLEDGEMENT

State Of _____

On this the _____ day of _____, 2002,

Before me, the undersigned Notary Public of the State of

County of _____
was

_____, the foregoing instrument

acknowledged by _____,
(print name of acknowledging partner)

partner on behalf of _____,
(print name of partnership)

a partnership. WITNESS my hand and official seal.

NOTARY SEAL

(affix here)

(signature of Notary Public)

NOTARY PUBLIC, STATE OF _____

(name of Notary Public: print, stamp, or type as commissioned)

_____ Personally know to me , or _____ Produced Identification:

(Type of Identification produced)

_____ DID take an oath, or _____ DID NOT take an oath.

Form Approved
Legal Department
By: _____

(Use this signature page if the Indemnitor is a Partnership)

IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this _____
day of _____, 20_____

INDEMNITOR: _____
(print name of corporation)

CORPORATE SEAL
(affix here)

BY: _____
(signature of Corporate Officer)

(print name and title of person signing)

ATTEST: _____
(signature of Corporate Secretary)

CORPORATE ACKNOWLEDGEMENT

State Of _____

On this the _____ day of _____, 2002,

Before me, the undersigned Notary Public of the State of

County of _____
was

_____, the foregoing instrument

acknowledged by _____, of
(print name & title of corporate officer)

(print name of corporation and state or place of incorporation)

on behalf of the corporation. WITNESS my hand and official seal.

NOTARY SEAL
(affix here)

(signature of Notary Public)

NOTARY PUBLIC, STATE OF _____

(name of Notary Public: print, stamp, or type as commissioned)

_____ Personally know to me , or _____ Produced Identification:

(Type of Identification produced)

_____ DID take an oath, or _____ DID NOT take an oath.

Form Approved
Legal Department
By: _____

(Use this signature page if the Indemnitor is a Corporation)